

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

11-03-08

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	7	↔	↔	↔		
TOTAL CLAIMS	8	██████████	██████████	██████████	██████████	██████████

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████